

2001 UNIFORM BUSINESS REPORT (UBR)

002574 AT

DOCUMENT # M97000000153

1. Entity Name
MCKESSON MEDMANAGEMENT, L.L.C.

FILED

01 JAN 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK MN 55428

Mailing Address
7115 NORTHLAND TERRACE
SUITE 500
BROOKLYN PARK MN 55428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 41-1843164

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS ZEIDNER, LEWIS P
CITY-ST-ZIP 7115 NORTHLAND TERRACE SUITE 500
BROOKLYN PARK MN 55428 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 200002576822-3

TITLE NAME MGR
STREET ADDRESS HAMMERGREN, JOHN H
CITY-ST-ZIP ONE POST STREET
SAN FRANCISCO CA 94104 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -01/26/01--01089-093
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS VEACOR, KRISTINA
CITY-ST-ZIP ONE POST STREET
SAN FRANCISCO CA 94104 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS veaco. not Veacor
CITY-ST-ZIP Correction

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required
Lewis P. Zeidner, Mgr. 1/15/01

763-354-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)